

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. <b>318</b>		Primary Registration District No. <b>1003</b>		Registrar's No. <b>1032</b>		STATE FILE NUMBER <b>63-041211</b>	
Filing Date <b>OCT 24 1963</b>							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>				Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Homer G. Phillips</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2839 Belt</b>	
3. NAME OF DECEASED (Type or print) First <b>Esband</b> Middle <b>F.</b> Last <b>Blanton</b>				4. DATE OF DEATH Month <b>10</b> Day <b>16</b> Year <b>63</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/2/1911</b>	
9. AGE (last birthday) <b>52</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>		11. BIRTHPLACE (City and state or country) <b>Datto, Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Tom Blanton</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl Vines</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Sterling Blanton, 8710 Link-Normandy, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Renal Failure</b> DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> DUE TO (c) <b>443 X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>9-24-63</b>		20f. CITY, TOWN, OR LOCATION <b>10-16-63</b>	
20g. COUNTY <b>10-16-63</b>		20h. STATE <b>10-16-63</b>		21. I attended the deceased from <b>9-24-63</b> to <b>10-16-63</b> and last saw him alive on <b>10-16-63</b> Death occurred at <b>12:24 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title)				22b. ADDRESS <b>2601 N. Whittier</b>		22c. DATE SIGNED <b>10-16-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10-17-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Corning Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Corning, Arkansas</b>	
24. FUNERAL DIRECTOR <b>Russell-Ermert Funeral Home, Corning, Ark.</b>				25. DATE RECD. BY LOCAL REG. <b>OCT 16 1963</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
*Robert M. Murray*

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.